

SEP 19 2018

Page 1 of 4

UNITED STATES HOUSE OF REPRESENTATIVES

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 SEP 25 AM 11: 10

Name: JOHNNY NALBANDIAN Daytime Telephone

HOUSE OF REPRESENTATIVES

FILER STATUS		New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election: <u>11/06/18</u>	State: <u>CA</u> District: <u>28</u>	<input type="checkbox"/> Check if Amendment	<input checked="" type="checkbox"/> (Office Use Only)
		New Officer or Employee Employing Office: _____	Staff Filer Type (if Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, <u>2018</u> to <u>MAY 31, 2018</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: JOHNNY S. NALBANDIAN

Page 2 of 4

BLOCK A		BLOCK B		BLOCK C		BLOCK D																														
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income																														
Identify (a) cash asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		For all assets that generate tax-deferred income (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k) RA or 529 accounts), you may check the “None” column. For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column.																														
For bank and other cash accounts total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For rental and lease real property held for investment, provide a complete address or description, e.g., “Residential property” and a city and state.		For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		For assets held in taxable accounts, check the “None” column. For assets held in tax-exempt accounts, check “None” if the asset generated no income during the reporting period.																														
Excluded: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-held asset that is an exception, check the “Exempt” column.		None		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k) RA or 529 accounts), you may check the “None” column.		For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column.																														
A	B	C	D	E	F	G	H	I	J	K	L	M	N	I	J	M	N	X	Y	V	W	WII	X	XII	I	II	M	VII	X	XII	I	II	M	VII	X	XII
\$1-\$1,000		\$1,001-\$15,000		\$15,001-\$50,000		\$50,001-\$100,000		\$100,001-\$250,000		\$250,001-\$500,000		\$500,001-\$1,000,000		\$1,000,001-\$2,000,000		\$2,000,001-\$25,000,000		Over \$25,000,000		Spouse/DC Asset over \$1,000,000*		None		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.										
NONE		DIVIDENDS		RENT		INTEREST		CAPITAL GAINS		EXCEPTED/BLIND TRUST		TAX-DEFERRED		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)		None		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.		None		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.										
X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X						
SP	EDP	Legal Govt Stock		Invest.		Partnership Income		Dividends		Interest		Capital Gains		Exempt		None		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.		Check “None” if no income was earned or generated.								
OC		Exempt:		Saver & Senator		ABC Hedge Fund		X		X		X		X		X		X		X		X		X		X		X		X						
UNION BANK		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X						
UNION BANK SAVINGS		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X						
AMERAHVE FOODS		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X						

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: JOHNNY J. NALBANDIAN Page 3 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the 'senior staff' rate was \$27,765. The 2018 limit is \$26,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: JOHNNY T. NALBANDIAN | Page 4 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP. DC/JR Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
Expense	First Bank of Wilmington, DE	5/28	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000									
				\$15,001-\$50,000									
				\$50,001-\$100,000									
				\$100,001-\$250,000									
				\$250,001-\$500,000									
				\$500,001-\$1,000,000									
				\$1,000,001-\$5,000,000									
				\$5,000,001-\$25,000,000									
				\$25,000,001-\$50,000,000									
				Over \$50,000,000									
				Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
OWNER / SOLE PROPRIETOR	AMERAHYE Foods (FROZEN FOOD DISTRIBUTION)